

INFORMATION FOR DENTAL SERVICE (To be filled in by referring agency)

27. CHECK HERE IF HOSPITALIZED
FOR DENTAL TREATMENT
ONLY

DIAGNOSIS

HOSPITALIZATION

31. DATE

32. SIGNATURE OF PHYSICIAN

AUTHORIZATION

DD2

AUTHORIZED

35. SIGNATURE OF AUTHORIZING DENTIST

36. TREATMENT RECORD

DIAGNOSIS—TREATMENT—REMARKS

SIGNATURE
ROBERT KIERSTEAD, DDS

0 EXAM. HHX. Reviewed, Sc, Co and
 just explained, STWIK, OTH—
 bumps on front teeth.

R.F. KIERSTEAD
 R. Kierstead, DDS

Crown #9-11 little rough spots.
 crown ling. #9+11
 crown ling. #9+11 part of crown
 and all rough.

ROBERT KIERSTEAD, DDS

R. Kierstead, DDS

Temp I&M Lower left
 lost, lost I&M.
 #31 Place I&M.

ROBERT KIERSTEAD, DDS

#31 Place I&M - apt for anal
 Place anal #31, new deep root
 post on tooth, 1.8 cm Sedocin 3%
 anal on capsule. Attempt to remove
 crown when he is released.

ROBERT KIERSTEAD, DDS

R. Kierstead, DDS

CLINICAL RECORD

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
09/03/04 0705 hrs	S: "My gum is sensitive." (Pt. points area over #05) PT#: 1/10 O: Med. Hx. Rev'd: NKDA Gingiva above #05 area appears reddened (erythematous) Area in size approximately 1/2 c.m. Pt. admits to having placed aspirin tablets on gingival tissue A: #05 Gingival Tissue: Chemical burn from use of aspirin being placed topically on tissues for relief of pain P: Instructed patient to cease use of placing aspirin on gingiva and explained that aspirin becomes acidic in presence of a solution Use warm (not hot) salt water rinses 2-3 x/day and tissue should heal. Use for 3 days. Take medication that was prescribed yesterday and that he got today Patient understands	
		W.H. Collins, DDS Chief Dental

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Allen, Anthony

REGISTER NO.

40428-053

WARD NO.

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

FCI McKean

FCI McKean

HRS-237 (4/95)
(REVERSE)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
9/10/04	Continuation of Comprehensive Exam	
1236 hrs	1. Charting 3. Oral Cancer Exam 2. Oral Exam 4. Consultation	
	Pt to return to clinic for rest procedures	 W.K. Collins, DDS CDO FCI McKean
9/20/04	SOA: RT. Core PT.	
1204 hrs	Med. Hist. Rnd. NKDA.	
	P: Silverline 1:100,000 28 up x 2	
	occ. pit amalgam &	
	cosalite varnish # 2	
	PT. completed	 W.K. Collins, DDS CDO FCI McKean

FCI McKean

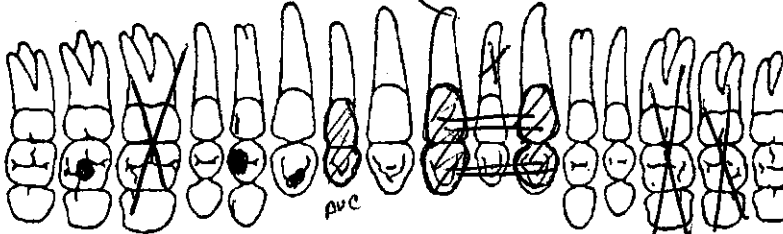
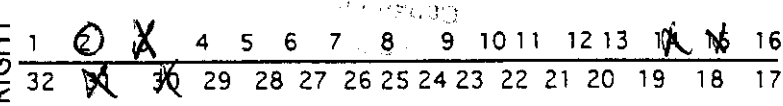
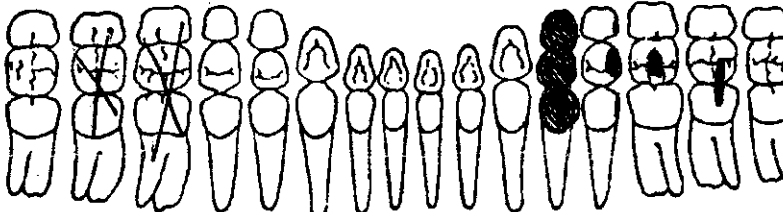
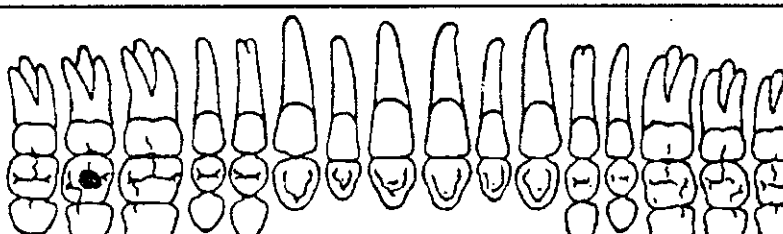
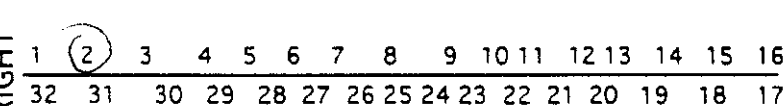
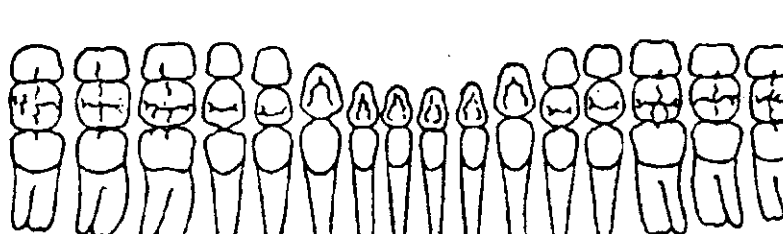
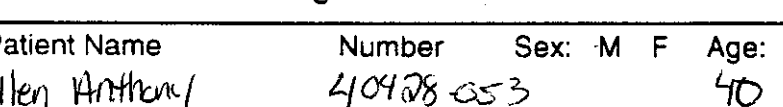


BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

9-10-04

Examination: <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic		Occlusion <u>Class I</u>									
		Oral Hygiene <input checked="" type="radio"/> Good Fair Poor									
		CPITN <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>2</td> </tr> </table>		1	2	3	4	1	1	1	2
1	2	3	4								
1	1	1	2								
Head & Neck/Soft Tissue <u>Fistula located B to #5. No exudate</u>		Additional Findings									
		D: <u>L</u> M: <u>5</u> F: <u>10</u>									
Treatment Completed		Recommended Treatment Plan									
		<input checked="" type="checkbox"/> Radiographs 7-8-04									
		<input checked="" type="checkbox"/> Dental Prophylaxis <input checked="" type="checkbox"/> Oral Hygiene Instruction									
		<input checked="" type="checkbox"/> Periodontal Evaluation <u>0</u> I II III <u>re eval</u> <u>11/1</u>									
		<input type="checkbox"/> Oral Surgical Procedures									
		<input type="checkbox"/> Endodontic									
		<input checked="" type="checkbox"/> Restorative <u>2-0 p-r 2-0-04</u>									
Patient Name <u>Allen, Anthony</u>		Number <u>40428-053</u>									
Sex: M F <u>40</u>		Age: <u>5-2-04</u>									

Dentist Signature

Date

 W. K. Collins, DDS
 CDO
 FCI McKean

FCI McKean



PRINTED ON RECYCLED PAPER

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
09/02/04 1530 hrs		S: Patient seen on 09/01/04; complaining of pain in upper (B) jaw. PT # 047 ⁰⁰⁵ 005
		O: Med. Hx: Rev. A. NKDA. Patient seen at open house; patient has been complaining of painful tooth for awhile.
		A: #05, Periodontal disease
		P: Explained to patient that the tooth #05 needs to be extracted. Afterwards, a partial denture could be made to replace not only #05, but the rest of the missing teeth in his maxillary arch. Upon release from prison, implants could be an option. Patient understands but still did not say that he would allow #05 to be extracted.
		Rx: Tyrolicillin 500mg x 30, \pm 912h (refill) Kuprofen 800mg x 26, \pm 98h (refill)
		Reviewed By V. Geza, PharmD
		W. K. Collins, D.D.S. FGL McKean

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

2-ge template provided in Spanish _____, or _____

Are you currently taking any medication? If so, what? _____	YES	NO
Are you allergic to or have you had a reaction to any medication or drug? If so, what? <u>Antibiotic (unknown)</u>	YES	NO
Have you been under the care of a physician during the past two years? If so, why? <u>Same</u>	YES	NO
Have you been hospitalized in the past two years? If so, why? <u>Allergic reaction to meds</u>	YES	NO
Do you have or have you ever had a heart murmur or been treated for a heart condition?	YES	NO
Have you ever been treated for a tumor, growth, or cancer?	YES	NO
Have you ever had excessive or prolonged bleeding as a result of a medical condition or medication (ex: Hemophilia or blood thinners)?	YES	NO
Do you have a latex allergy?	YES	NO
Do you currently use tobacco products?	YES	NO
WOMEN ONLY: Are you pregnant?	YES	NO

any of the following that you have had:

<input checked="" type="checkbox"/> Congenital heart defects	<input checked="" type="checkbox"/> Arthritis	<input checked="" type="checkbox"/> Epilepsy or seizures
<input checked="" type="checkbox"/> Heart attack or heart problems	<input checked="" type="checkbox"/> Artificial heart valve	<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Stroke	<input checked="" type="checkbox"/> Hepatitis (A B C)	<input checked="" type="checkbox"/> AIDS or HIV infection
<input checked="" type="checkbox"/> Rheumatic fever	<input checked="" type="checkbox"/> Any type of transplant	<input checked="" type="checkbox"/> Emphysema
<input checked="" type="checkbox"/> Mitral Valve Prolapse	<input checked="" type="checkbox"/> Steroid treatment	<input checked="" type="checkbox"/> Tuberculosis (TB)
<input checked="" type="checkbox"/> Anemia (blood problems)	<input checked="" type="checkbox"/> Sickle Cell Anemia	<input checked="" type="checkbox"/> Psychiatric treatment
<input checked="" type="checkbox"/> Thyroid problems	<input checked="" type="checkbox"/> Angina	<input checked="" type="checkbox"/> Artificial joint
<input checked="" type="checkbox"/> Chronic bronchitis	<input checked="" type="checkbox"/> High blood pressure	<input checked="" type="checkbox"/> Radiation therapy
<input checked="" type="checkbox"/> STD (syphilis, gonorrhea, herpes)	<input checked="" type="checkbox"/> Heart pacemaker	<input checked="" type="checkbox"/> Asthma
<input checked="" type="checkbox"/> Angio edema	<input checked="" type="checkbox"/> Glucose - 6-phosphate dehydrogenase deficiency	

Do you have any disease, condition, or problem not listed?

Check any of the following that you have had or applies to you:

<input checked="" type="checkbox"/> Sensitive teeth	<input checked="" type="checkbox"/> Unusual sounds while eating	<input checked="" type="checkbox"/> Burning tongue
<input checked="" type="checkbox"/> Bleeding gums	<input checked="" type="checkbox"/> Snoring	<input checked="" type="checkbox"/> Bad breath
<input checked="" type="checkbox"/> Food impaction	<input checked="" type="checkbox"/> Blisters on lips or mouth	<input checked="" type="checkbox"/> Decayed teeth
<input checked="" type="checkbox"/> Pain around ear	<input checked="" type="checkbox"/> Clenching or grinding	<input checked="" type="checkbox"/> Loose teeth
<input checked="" type="checkbox"/> Tooth ache	<input checked="" type="checkbox"/> Swelling or lumps in mouth/throat	<input checked="" type="checkbox"/> Wear dentures
<input checked="" type="checkbox"/> Wear partial dentures	<input checked="" type="checkbox"/> Address below	

Printed Name: <u>Anthony Allen</u>	Signature: <u>Anthony Allen</u>
Reg. No.: <u>404 28053</u>	Institution: <u>FCI McKean</u>
Date: <u>7/8/04</u>	Updated:

This form may be replicated via WP)

CLINICAL RECORD

DENTAL TREATMENT RECORD (Continuation)

DATE

DIAGNOSIS - TREATMENT - REMARKS

SIGNATURE

5/24/04
0845 HRS

SSA Rt. cone pt.
Med Hist Revd

P. Lidocaine 1:100,000 2% epix 1
L canal rest #6
Pt. completed

W.K. Collins
G.F. GREER DDS
W.K. Collins

William K. Collins, D.D.S.
CDO
FCI McKean

K. Collins, D.D.S.

7-8-04
1400h

SSA: Rt. cone pt
P. Comp. Ht. Soft tissue exam, assessment,
UBWx4. Pt presents w/ mod → heavy
calc. Ultrasonic Q1-4 selective hand
scale, polish, OHT on brushing +
flossing. NEXT: Comp Exam

J.L. Schroll RDH
FCI McKean

W. K. Collins, D.D.S.
CDO
FCI McKean

(Continued On Reverse Side)

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical

Allen, Anthony

REGISTER NO.
204/28-053

WARD NO.

FCI McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

EF

CLINICAL RECORD		DENTAL	
1. CHART		2. ROENTGENOGRAMS <input type="checkbox"/> PERIAPICAL <input type="checkbox"/> BITE WINGS <input type="checkbox"/> OTHER	
		3. PERIODONTITIS <input type="checkbox"/> INCIPENT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> LOCAL <input type="checkbox"/> GENERAL 4. CALCULUS <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY 5. GINGIVAL PATHOLOGY <input type="checkbox"/> GINGIVITIS <input type="checkbox"/> VINCENT'S INFECTION <input type="checkbox"/> STOMATITIS (Specify)	
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT		6. DENTURE INDICATED (Include dentures needed after indicated extractions) <input type="checkbox"/> FULL UPPER <input type="checkbox"/> FULL LOWER <input type="checkbox"/> PARTIAL UPPER <input type="checkbox"/> PARTIAL LOWER <input type="checkbox"/> REPAIR 7. ABNORMALITIES OF OCCLUSION, ANGLES CLASSIFICATION <input type="checkbox"/> NORMAL <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE 8. DENTAL CLASSIFICATION 9. TYPE OF EXAMINATION	

10. ADDITIONAL FINDINGS

D-2
m-6
F-7

2/1/3
1/1/2

STWHL

* 1 BP need

11. RECOMMENDATIONS

Ty Plan

12. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT		13. DATE 9-7-94		14. SIGNATURE OF DENTIST Robert Kierstead DDS	
15. GRADE, RATING, OR POSITION	16. TYPE OF BENEFICIARY	17. SEX <input type="checkbox"/> M <input type="checkbox"/> F	18. RACE	19. AGE	20. SERVICE <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> OTHER
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			22. IDENTIFICATION NO.	23. REGISTER NO.	24. WARD NO.

Allen, Anthony
40428-053
FCI McKean

DENTAL

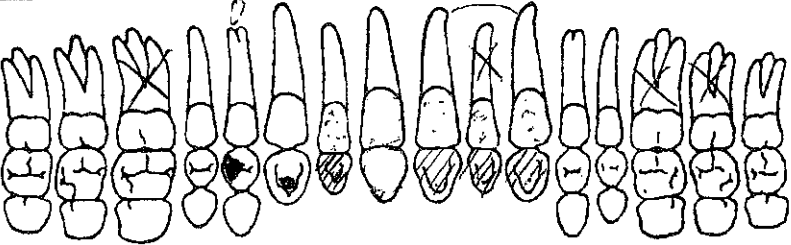
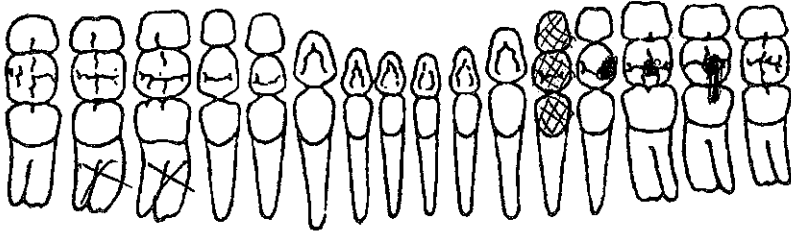
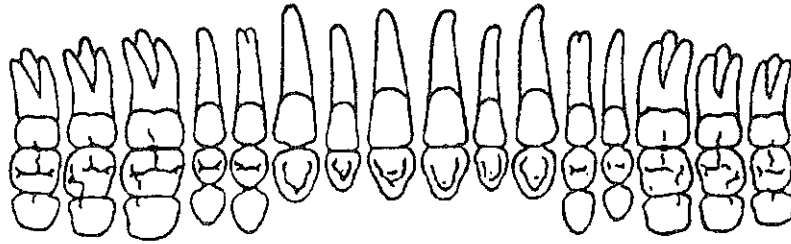
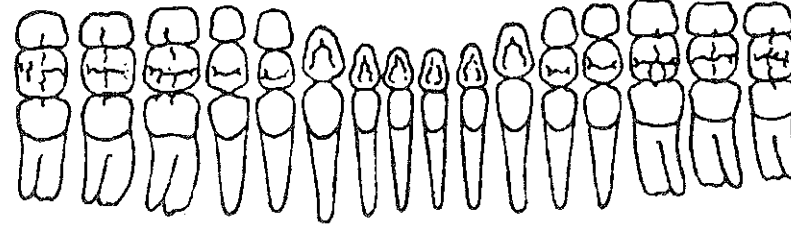
Standard Form 521
521-108

BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: <input checked="" type="checkbox"/> Screening <input type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic		Occlusion <i>Cross I</i>						
		Oral Hygiene <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
		CPITN <table border="1"> <tr> <td>1</td> <td>1</td> <td>4</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	1	1	4	1	1	1
1	1	4						
1	1	1						
Head & Neck/Soft Tissue <i>W/W/L</i>		Additional Findings <i>Calc. Sl.</i>						
Treatment Completed 		Recommended Treatment Plan <input checked="" type="checkbox"/> Radiographs <i>Pan + BW</i>						
		<input checked="" type="checkbox"/> Dental Prophylaxis <input checked="" type="checkbox"/> Oral Hygiene Instruction <input checked="" type="checkbox"/> Periodontal Evaluation 0 <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III						
Patient Name ALLEN, ANTHONY (5/2/1964) HARE, S03 / SURGICAL, IN/MEDIUM		<input type="checkbox"/> Oral Surgical Procedures <input checked="" type="checkbox"/> Endodontic <i>Eval #5</i> <input type="checkbox"/> Restorative <input type="checkbox"/> Prosthodontic Evaluation						
Number 40428-053		Sex: M F Age: 1-07-04						

40428-053

ALLEN, ANTHONY (5/2/1964)

HARE, S03 / SURGICAL, IN/MEDIUM

Dentist Signature

Date

PAT. McDERMOTT, D.D.S.

CHIEF DENTAL OFFICER

MEDICAL CENTER FOR FEDERAL PRISONERS
SPRINGFIELD, MISSOURI

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
		Admitted MCFP 12-18-03
1/21/04		2nd LP reports to <i>from</i> PAT D. McDERMOTT, D.D.S. CHIEF DENTAL OFFICER
1-7-04 0800 hrs		Exam, not bit, med. HX. - OHI LEAD Denit 1/2 RD CPITN. <i>Not a report bit</i> PAT D. McDERMOTT, D.D.S. CHIEF DENTAL OFFICER
1/23/04		1400 LP reports immediate attention on abscessed tooth. On bit. Abscess to note not bit for emergency PAT D. McDERMOTT, D.D.S. CHIEF DENTAL OFFICER
1-27-04 1300		S- has had abscess w/ drainage for several months <i>NR</i> <i>Shane</i> O- hard lump ^{near buccal} of #5 - took pan xray. JAN M. GRAVES DENTAL ASSISTANT and PA Xray Frontals #5 A. Periapical abscess #5 P. Per VK surgery giv 4 10 days. Examiner above. <i>Next: 1/2 ends report</i> PAT D. McDERMOTT, D.D.S. CHIEF DENTAL OFFICER

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
08/18/03 0637 hrs	<p>A: #05, Cellulitis 20 previous caries</p> <p>P: Patient does not drive tooth out. Advised patient that at this time, medication would be prescribed but that he cannot be maintained on prescriptions if swelling continues to occur or persist. Patient understands.</p> <p>Rx: Pen VK 500mg x 30, ii qidh (refill)</p> <p>Suprofen 800mg x 26, i qidh (refill)</p>	<p>Reviewed By: V. Geza, PharmD</p> <p>William K. Collins, D.D.S. CDO FCI McKean</p>	
10/22/03 1254 hrs	<p>S: R/U for F/U on #05</p> <p>O: PI: 0, Med. Hx. Rev'd: NK DA</p> <p>Fistula present between #'s 05 & 06</p> <p>#05: (?) Percussion, (?) Palpation</p> <p>⊖ Pericoronitis</p> <p>PAX: Radiolucency on one of roots</p> <p>No decay</p>	<p>W. K. Collins, DDS CDO FCI McKean</p>	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Allen, Anthony

REGISTER NO.

40468-053

FORWARD NO.

FCI McKean

cont'd over

DENTAL TREATMENT RECORD
HSA-237 (4/95)


FCI McKean

EF

HRSA-237 (4/95)
(REVERSE)

FCI McKean

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
10/22/03 1254 hrs	A: #05, Periapical abscess 2° previous caries infecting pulp.	
	P: Patient still does not desire tooth extracted, Patient to RTC if symptoms continue and/or worsen. Patient understands.	
	Rx: None	
		 William K. Collins, D.D.S. CDO FCI McKean
	A (POST) EXPLAINED	

BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☒ Comprehensive ☐ Periodic

Occlusion

Class I

Oral Hygiene

Good ☒ Fair ☐ Poor

CPITN

2	2	2
2	2	2

Head & Neck/Soft Tissue

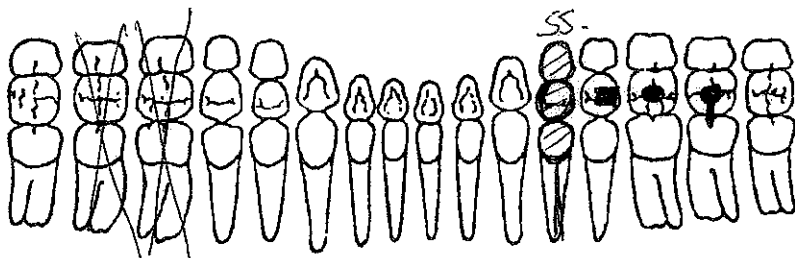
STWNL

Additional Findings

D: 2, tooth brush abrasion
 M: 6, #13
 F: 9



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Treatment Completed

Recommended Treatment Plan

☒ Radiographs 4-28-03☒ Dental Prophylaxis 2-26-03☒ Oral Hygiene Instruction 4-28-03☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☐ Restorative

4-6CC
 #9 lingual (intermargin)

☐ Prosthodontic Evaluation

Patient Name

Allen, Anthony

Number

40428-053

Sex:

M F

Age:

3/2/64

FCI McKean

Dentist Signature

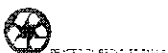
Date

2-26-03

William K. Collins, D.D.S.

CDO

FCI McKean



Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
2-26-03		SOA: Routine care patient
1130hrs		p: updated med hist. Soft tissue exam Scale with ultrasonic scaler, prophylaxis, oral hygiene instruct, scale, polish, 4 Bite wing x-rays, topical fluoride application
		Jody L. Batista, D.D.S. Jody L. Batista, R.D.H. William K. Collins, D.D.S.
		William K. Collins, D.D.S. CDO FCI McKean
4-28-03		SOA: Routine Care patient
0930 hrs		p: updated med hist. 4 Bite wing x-rays Scale, polish, topical fluoride applied Comp exam per Dr Collins
		Jody L. Batista Jody L. Batista William K. Collins, D.D.S.
		William K. Collins, D.D.S. CDO FCI McKean
08/18/03		5: "I have some swelling right here. The tooth where the filling was out." (Patient points to #05, PT #: 3)
0637 hrs		0: Med. Hx. Rev'd: NKDA #05, DO amalgam restoration is present. Swelling above #05.

William K. Collins, D.D.S.
CDO
FCI McKean

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
09/19/2000 1030 hrs	<p>5: "My tooth is chipped, and is sensitive to cold liquids"</p> <p>0: ^{FCI Error W.K.C. 9/19/00} #17 DO carious lesion</p> <p>① percussion, ② palpation</p> <p>Med. Tfx. Performed</p> <p>A: ^{FCI Error W.K.C. 9/19/00} #17 Reversible pulpitis</p> <p>P: Lidocaine 2% x 150, 000 anesthetic x 3, caries removed, decay</p> <p>IRM for a DO, provisional restoration; occlusal adjustment.</p>	<p><i>William Collins</i></p> <p>W.K. COLLINS, DDS C.D.O. FCI McKean</p>	
01/19/2001 0915 hrs	<p>5: "My filling is out."</p> <p>0: Med. Tfx. Performed</p> <p>Patient points to #17</p> <p>#17 appears normal</p> <p>A: #17, W.K.</p> <p>P: Patient assured that #17 is W.K.</p>	<p><i>William Collins</i></p> <p>W.K. COLLINS, DDS C.D.O. FCI McKean</p>	

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

40428-053

WARD NO.

Allen, Anthony

FCI McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/95)

13

HRSA-237 (4/95)
(REVERSE)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
12/09/02 1300 hrs	5: "My tooth has been hurting for a long time" (Patient points to #05) P.T. # 8	
	O: Med. Hx. Neg: NKDA	
	#05, DO carious lesion	
	⊖ Percussion, ⊖ Palpation	
	PAX: Radiolucency at apex	
	Radiolucency in crown	
	A: #05, Periapical abscess 2 nd chronic caries	
	P: Patient does not desire tooth extracted	
	Advised patient that a restoration would be attempted but could not predict if tooth would accept it. Patient understands.	
	Liboraine 2% & 1:100,000 epinephrine	
	x 2 1/2; caries removal, dycal, etching agent (Ketac), Ketac Silver Restoration	
	Material for DO restoration.	
	Occlusal adjustment.	

W.K. Collins, DDS
Chief Dental

U.S. Bureau of Prisons
Dental/Medical History Form

MEDICAL CENTER FEDERAL PRISONERS 1900 WEST SUNSHINE - SPRINGFIELD MO 65807

- | | | | |
|----|---|-----|-----------|
| 1. | Are you presently taking any medication?
If so, what? _____ | Yes | <u>No</u> |
| 2. | Are you allergic to or have you had a reaction to
any medication or drug? If so, what? _____ | Yes | <u>No</u> |
| 3. | Have you been under the care of a physician during the
past two years? If so, why? _____ | Yes | <u>No</u> |
| 4. | Have you been hospitalized in the past two years? | Yes | <u>No</u> |
| 5. | When you walk upstairs or take a walk, do you ever have
to stop because of pain in your chest, shortness of
breath, or because you feel very tired? | Yes | <u>No</u> |
| 6. | Do your ankles ever swell during the day? | Yes | <u>No</u> |
| 7. | Have you ever been treated for a tumor or growth? | Yes | <u>No</u> |
| 8. | Have you ever had abnormal bleeding? | Yes | <u>No</u> |
| 9. | Have you had any serious difficulty with any previous
dental treatment? | Yes | <u>No</u> |

Circle any of the following that you have or have had:

Congenital heart defects	Heart Murmur
Heart Attack or heart trouble	Angina
Rheumatic Fever	High blood pressure
Stroke	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Hepatitis	AIDS or HIV infection
Thyroid problems	Emphysema
Chronic bronchitis	Tuberculosis (TB)
Venereal disease (syphilis, gonorrhea)	Psychiatric Treatment
Arthritis	Artificial Joint Prosthesis
Artificial Heart Valve	Dialysis
Cancer	

Do you have any disease, condition, or problem not listed? Yes No

40428-053

ALLEN, ANTHONY (5/2/1964)

HARE, S03 / SURGICAL, IN/MEDIUM

Reg. No. 40428-053

Date 1-7-04

Anthony Allen

U.S. BUREAU OF PRISONS
Historia Clínica de Odontología Y Médica

MEDICAL CENTER FEDERAL PRISONERS 1900 WEST SUNSHINE SPRINGFIELD, MO 65807

- | | | |
|---|----|----|
| 1. ¿Que medicinas esta tomando actualmente ? | SI | NO |
| Si es sí, el nombre - _____ | | |
| 2. ¿A que medicinas está ALÉRGICO ? | SI | NO |
| 3. ¿Tuvo alguna enfermedad los últimos dos años que requirió ver un doctor ? | SI | NO |
| Si es sí, por qué ? _____ | | |
| 4. ¿Ha estado en el Hospital durante los ultimos dos años ¿Si es sí, por qué ? | SI | NO |
| 5. ¿Tiene alguna dificultad para respirar, dolor en el pecho o se siente agotado cuando cuando sube las escaleras ? | SI | NO |
| 6. ¿Se le hinchan los piés ? | SI | NO |
| 7. ¿Tiene cancer? ¿Desde cuando ? _____ | SI | NO |
| 8. ¿Sangra con exceso ? | SI | NO |
| 9. ¿Ha tenido problemas con los dientes ? | SI | NO |

Que enfermedades o sintomas tiene, o tuvo que sepa usted, ponga una marca:

Defectos del corazón	Soplo cardiaco
Ataque del corazón	Angina
Fiebra Reumatica	Presión alta
Apoplejia o Derrame Cerebral	Marcapasos
Asma o Fatiga	Convulsiones
Anemia (problemas de sangre)	Diabetes
Hepatitis	SIDA o HIV infection
Problemas de tiroides	Enfisema
Bronquitis	Tuberculosis
Enfermedad Venerea (Gonorrea/Sifilis)	Desórdenes psiquiatras
Artritis	Coyunturas artificiales
Valvulas artificiales	Diálisis
Cancer	

¿Tiene otras enfermedades que no están en esta lista ? SI NO

Nombre _____ Número _____

Institución _____ Fecha _____

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication?
If so, what? _____ yes no
2. Are you allergic to or have you had a reaction
to any medication or drug? If so, what? _____ yes no
3. Have you been under the care of a physician during
the past two years? If so, why? _____ yes no
4. Have you been hospitalized in the past two years?
If so, why? _____ yes no
5. Do you have or have you ever had a heart murmur
or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day? yes no
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any
dental treatment? maybe yes no
10. Have you ever had clicking, popping, or pain
in your jaw joint? yes no

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

Name: Anthony A. Hew

Reg No. 40420053

Institution: McKean

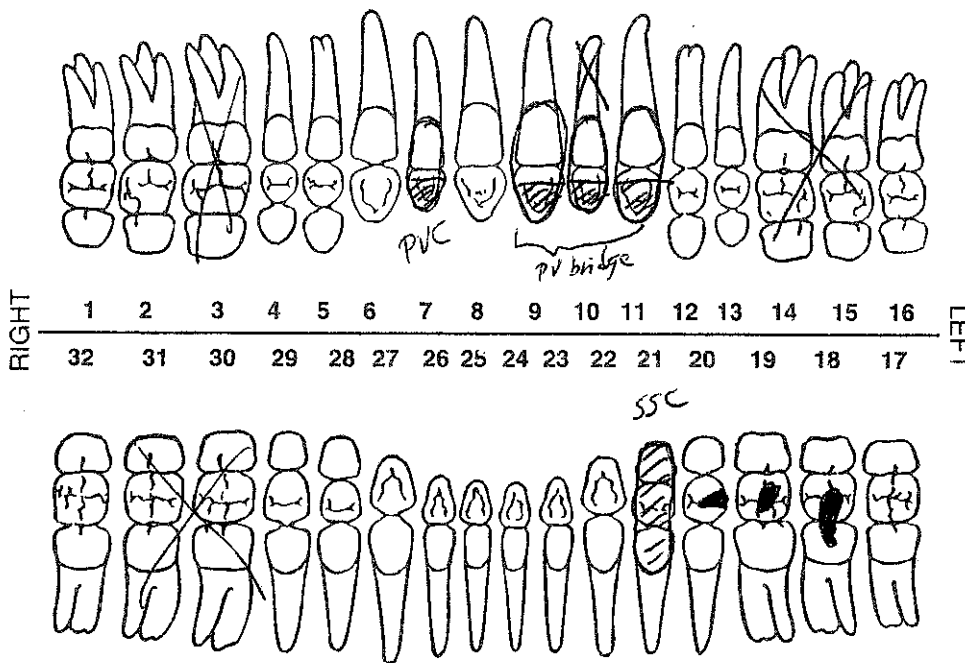
Date: 2-26-03

7/28/03
per no client
paying
by

MEDICAL RECORD

DENTAL

1. CHART



2. ROENTGENOGRAMS

☐ PERIAPICAL ☐ BITEWINGS ☐ OTHER

3. PERIODONTOKLASIA

☐ INCIPENT ☐ MODERATE ☐ SEVERE

☐ LOCAL ☐ GENERAL

4. CALCULUS

☐ SLIGHT ☐ MODERATE ☐ HEAVY

5. GINGIVAL PATHOLOGY

☐ GINGIVITIS ☐ VINCENT'S INFECTION

☐ STOMATITIS (Specify)

6. DENTURE INDICATED (Include dentures needed after indicated extractions.)

☐ FULL UPPER ☐ FULL LOWER

☐ PARTIAL UPPER ☐ PARTIAL LOWER ☐ REPAIR

7. ABNORMALITIES OF OCCLUSION, ANGLES CLASSIFICATION

☐ I ☐ II ☐ III ☐ NORMAL

8. DENTAL CLASSIFICATION

9. TYPE OF EXAMINATION

10. ADDITIONAL FINDINGS

HQR
 D - 0
 M - 5
 F - 8

1 1 1
 1 1 1

DATE DENTAL CLERK
 & DENTAL DMD

11. RECOMMENDATIONS

Tx. PLAN

1) Prophyl
 2) Re-Cement SSC #21.

12. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT

13. DATE

8/20/96

14. SIGNATURE OF PHYSICIAN

R. Cabanas

R. CABANAS, D.M.D.
CHIEF DENTAL OFFICER

15. GRADE, RATING OR POSITION

16. TYPE OF BENEFICIARY

17. SEX

☐ M ☐ F

18. RACE

19. AGE

20. SERVICE

☐ INPATIENT ☐ OUTPATIENT ☐ OTHER

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

22. IDENTIFICATION NO.

23. REGISTER NO.

24. WARD NO.

Allea, Anthony
 40428-053
 FCI McKean

DENTAL

Medical Record

INFORMATION FOR DENTAL SERVICE (To be filled in by referring agency)

26. PRINCIPAL MEDICAL DIAGNOSIS

27. CHECK HERE IF HOSPITALIZED
FOR DENTAL TREATMENT
☐ ONLY

28. PATIENT REFERRED FOR

29. REMARKS

30. APPROXIMATE PERIOD OF HOSPITALIZATION

31. DATE

32. SIGNATURE OF PHYSICIAN

AUTHORIZATION

33. DENTAL TREATMENT AUTHORIZED

34. DATE

35. SIGNATURE OF AUTHORIZING DENTIST

36. TREATMENT RECORD

DATE

DIAGNOSIS-TREATMENT-REMARKS

SIGNATURE

8/20/96/0835

Comprehensive exam. ; OHI, Prophy Ro-
cemented SSC #21 in ZnPO4 cement (Schell),
Tx Complete.R. CABANAS, D.M.D.
CHIEF DENTAL OFFICER10/8/96
0930⑤ Crown core cemented (U) #21 in RCT
SSC cemented in IAM. (A) - (U) Pro Core
Ketac Bond Pre B10 Photac-fil. Resin
SSC in Ketac Cem.

WG. STERBA DDS

Bradford, PA 16701

CLINICAL RECORD

DENTAL TREATMENT RECORD (Continuation)

DATE

DIAGNOSIS - TREATMENT - REMARKS

SIGNATURE

CO 12:30
1-23-95Charismatic Prophecy, Flt & Hnwr DHE
Pt has GHT needs appt to eval #21

Kelly Glance

K. Glance CDA

CO 12:30
3-6-95

1330

referred Pt to Dr. Harris

K. Glance CDA

3-2-95

- 0 P Appt. - PAX #21 -

- RT complete, SSC #21 -

Print & I Rm 10290

C '100,000 psi X 1-8CC

DAVID HARRIS, D.D.S.
CHIEF DENTAL OFFICER

4/17/96/1030

No Show for 0930 Call out.

R

R. CABANAS, D.M.D.
CHIEF DENTAL OFFICER~~DENTAL~~

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Allen, Anthony
40428-053
FCB McKean

DENTAL TREATMENT RECORD

HSA-237 (6-74)

FEDERAL BUREAU OF PRISON'S DENTAL CLINICAL RECORD																													
GM																CPITN:													
															I 2	II 2	III 2												
															IV 2	V 2	VI 2												
															D: 1 M: 5 F: 8														
															Oral Hygiene: P(A) E														
															Gingival/Soft Tissue:														
															Other Findings:														
GM																TMJ Function:													
<p>Recommended Treatment: PNTN</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Oral Health Education: ✓</p> <p>Radiographs:</p> <p>Prophylaxis: ✓</p> <p>Additional Perio.:</p> <p>Oral Surgery:</p> </div> <div style="width: 45%;"> <p>Restorations: ✓ #21</p> <p>Endodontics:</p> <p>Prosthetics:</p> <p>Other:</p> </div> </div>																													
<p>Medical/Dental Health History Review:</p> <p>Allergies: <u>NO</u></p> <p>Medications: <u>Meds for HTN</u></p> <p>Blood Pressure: <u>HTN</u></p> <p>Cardiovascular Disease: <u>NO</u></p> <p>Diabetes: <u>NO</u></p> <p>Other: _____</p>																													
Date: <u>6/23/94</u>															<p style="text-align: center;">Signature of Examiner</p> <p style="text-align: center;">BRENDA BURGESS, D.D.S.</p>														
<p>Patient's Identification:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Name: <u>412N</u></div> <div style="width: 33%;">Number: <u>40428-053</u></div> <div style="width: 33%;">Unit:</div> </div>																													

Institution:
FCI, Ft. Worth, TX

521-FTW

PLANNED TREATMENT

Radiographs:

Prophy/Perio:

Restorations:

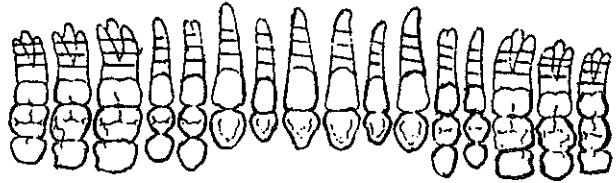
Oral Surgery:

Endodontics:

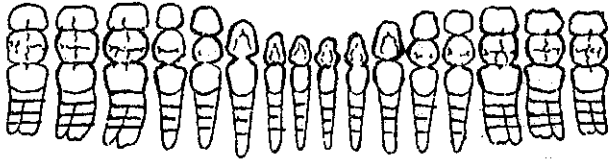
Prosthetics:

Other :-

TREATMENT



RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

[illegible]

PATIENT:

NUMBER:

521-FTW